PTO/SB/96 (04-04)

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Technion Research and

Application No./Patent No.: 10/544,775 Filed/Issue Date: August 21, 2006

Titled: METHODS AND PHARMACEUTICAL COMPOSITIONS FOR TREATING WOUNDS

Bar-Ilan University, a (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

organized under the laws of Israel

1. (X) the assignee of the entire right, title and interest; or

2. ( ) an assignee of less than the entire right, title and interest

(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either

A. ( ) An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 018423, Frame 0320.

OR

B. ( ) a chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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( ) Additional documents in the chain of title are listed on a supplemental sheet.

C. ( ) Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

/Rel Shavit/ 2007
Date

Bar-Ilan University
Name of Party

972-3-5318562 Prof. Harold Bachmat
Telephone Number

Vice President for Research
Bar-Ilan University

Signature

RELLY SHAVIT
DEPUTY DIRECTOR GENERAL
FINANCE

Statement By Assignee to Establish Ownership (37 CFR 3.73(b))

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Typed or printed name _____ Signature _____ (Date, Optional)

PTO/SB/82 (04-07)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		
	Serial No.	10/644,[illegible]5
	Filing Date	August 21, 2003
	First Named Inventor	Tennenbaum
	Art Unit	3616
	Examiner Name	T. Page
	Attorney Docket Number	NY-PSAV-COR-202

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24972

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 24972

OR

☐ Firm or Individual Name: James R. Crawford

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I am:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name: Ramot at Tel Aviv University Ltd. RELLY SHAVIT

Signature:

Date: 26 July 2007

DEPUTY DIRECTOR GENERAL FINANCE

Telephone:

Prof. Harold Bench
Vice President for Research
Tel-Aviv University

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of [illegible] forms are submitted.

Revocation of Power of Attorney or Authorization of Agent

I hereby certify that this correspondence is being sent by facsimile to (571) 273-8300 addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: Signature: (Print/Type Name)